



## Town of Southampton

116 Hampton Road  
Southampton, New York 11968

### DEPARTMENT OF GENERAL SERVICES HUMAN RESOURCES

**Russell Kratoville**

Town Management Services Administrator  
Telephone (631) 287-5750

**Sandra Cirincione**

Attorney-Human Resources  
Telephone (631) 287-5715

Fax (631) 287-5721

[www.southamptontownny.gov](http://www.southamptontownny.gov)

## TOWN OF SOUTHAMPTON APPLICATION FOR EMPLOYMENT

1. List the job title (if known) or write a brief description of position you are applying for:

Title \_\_\_\_\_ Description \_\_\_\_\_

☐ Full Time ☐ Part Time ☐ Seasonal

2. **NAME and RESIDENCE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Summer Winter Cell Phone

E-Mail Address \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Are you under 18 years of age? ☐ Yes ☐ No If under 18 years, list age \_\_\_\_\_ DOB \_\_\_\_\_

5. Are you currently a U.S. Citizen, or if not, do you have the legal right to accept employment in the United States? ☐ Yes ☐ No

6. Have you ever served in the Armed Forces of the U.S.? ☐ Yes ☐ No

If so, list dates. From \_\_\_\_\_ To \_\_\_\_\_

Did you receive an honorable discharge? ☐ Yes ☐ No

Are you a volunteer Firefighter? ☐ Yes ☐ No

\*\*\*\***OFFICE USE ONLY** \*\*\*\*

☐ Accepted Application \_\_\_\_\_ ☐ Interviewed \_\_\_\_\_ ☐ P/T Request \_\_\_\_\_ ☐ \_\_\_\_\_

7. **EDUCATIONAL BACKGROUND**

A. Did you graduate from High School? ☐ Yes ☐ No

If not, give the highest grade completed\_\_\_\_\_

Name and Address of High School Attended\_\_\_\_\_

\_\_\_\_\_

B. College, University, Professional or Technical School

Names and Address of Institution\_\_\_\_\_

Dates attended: From\_\_\_\_\_ To\_\_\_\_\_

Credits Earned \_\_\_\_\_ Degree Earned\_\_\_\_\_ Date\_\_\_\_\_

8. Do you have a valid New York State Driver's License? ☐ Yes ☐ No Class \_\_\_\_\_

If yes, please list type and number\_\_\_\_\_ Expiration Date\_\_\_\_\_

9. Do you have any other New York State License? ☐ Yes ☐ No

If yes, please list type and number\_\_\_\_\_

10. Do you have a valid certificate in Standard First Aid and Personal Safety? ☐ Yes ☐ No

11. A. Do you have Civil Service Certifications? ☐ Yes ☐ No

If yes, please list type\_\_\_\_\_ Year Awarded\_\_\_\_\_

B. Do you have a Temporary Coaching License? ☐ Yes ☐ No

12. **EXPERIENCE- EMPLOYMENT HISTORY**

Please list in detail all employment for the past 10 years: List most recent experience first

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name and Address of Firm \_\_\_\_\_

Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Your Exact Title \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name and Address of Firm \_\_\_\_\_

Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Your Exact Title \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name and Address of Firm \_\_\_\_\_

Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Your Exact Title \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name and Address of Firm \_\_\_\_\_

Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Your Exact Title \_\_\_\_\_

Name of your Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

## TOWN OF SOUTHAMPTON APPLICATION FOR EMPLOYMENT

4

13. Do you speak any language other than English? ☐ Yes ☐ No

Please list \_\_\_\_\_

14. Please list your hobbies and interests: \_\_\_\_\_

15. Is there any health reason (physical or mental) which would prevent you from performing the duties of this position? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

16. Please list at least three (3) CHARACTER REFERENCES who are NOT RELATIVES:

Name	Address	Telephone Number
------	---------	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

17. In case of an emergency, please notify \_\_\_\_\_ Phone # \_\_\_\_\_

18. **AFFIRMATION**

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole and probation agencies and former schools to provide to the Town of Southampton any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State former name(s) by which you have been known: \_\_\_\_\_

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex or marital status. Accordingly, the Town of Southampton does not discriminate as to age, race, creed, color, national origin, sexual orientation, military status, sex or marital status.